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06/03/2004

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(Depositor's name) (Signature) (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/987,437	11/14/2001	W. Don Morison	115354.00107	6763

TITLE OF INVENTION: FIBER OPTIC SENSING INSTRUMENT AND SYSTEM WITH FIBER OF ADJUSTABLE OPTICAL PATH LENGTH AND METHOD OF USING IT

APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665		\$0	\$665	09/03/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS		
LYONS, MICHAEL A		2877		356-479000	<b>-</b> .	
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			names of agents Of firm (hav agent) an	nting on the patent front page, you to 3 registered patent a R, alternatively, (2) the name ing as a member a registered d the names of up to 2 regist or agents. If no name is listed inted.	attorneys or 1 Blank of a single attorney or 2 tered patent	Rome : LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

Fiber Optic Systems Technology, Inc.

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent); individual Corporation or other private group entity government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee X A check in the amount of the fee(s) is enclosed. ☐ Publication Fee ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Advance Order - # of Copies \_ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_ (enclose an extra copy of this form). <del>23-2185</del>

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) <u>Req. #35,216</u>

(Date)

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